TO ATTENDING PAYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hour The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1 2. USUAL RESIDENCE (HOME) OF DECEASED

06466

Peg. Dist. No. U7941

	COUNTY CALVERT	MARYLAND	STATE MARULI	and county CA	luest			
1	CITY (If outside corporete fimits, write RURAL	LENGTH OF STAY		rete fimits, write RURAL and give	neerest town)			
	OR end-give neerest town)— TOWN PRINCE FREDERICK	(in this place) 3 days	TOWN LUS	by MARUI	And	04-1		
0	HOSPITAL OR INSTITUTION OR STREET ADDRESS CAlvert County	Hospital	STREET BOY	(If rurel give location 19	on)			
-1	3. NAME OF (First) (A	Middle)	(Lest)	4. DATE (Month)	(Dey)	(Year)		
P	(Type or Print) Edith F		pplegate	DEATH 5	31	1967		
	5. SEX 6. COLOR OR 7. SINGLE, MARRIE RACE WIDOWED, DIVO	20.050				FUNDER 24 HRS.		
		dow 7-	26-85	81 yrs. Month	s Deys	Hours Min.		
	10e. USUAL OCCUPATION (Give kind of work done during most at working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (State or foreign country) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN I		HMER			
	Charles W. Foltz	N Dietric	h					
		SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Me 10A M. FOHTY					
	[Yes, no, or unk.] (If Yes, give wer or detect of service)		2700 Con	N. AUC, WASh,	ngton,	, D.C.		
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH						
	IF32	A. MERMUN	I Delinion	d.	14000			
0	ANTECEDENT CAUSE (A) DUE TO		10 111	1	1			
	MITTEGERAL CHOSE(S)	rolder 1	Wa of her	u.	6 resoltes			
	GIVING RISE TO THE ABOVE CAUSE		//					
	STATING UNDERLYING CAUSE LAST, DUE TO							
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
7	196. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION			20. YES	AUTOPSY? NO		
1	216. ACCIDENT WAS UNDERLYING 216. PLACE (Homo, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, fectory, fice bidg., etc.)	21c. WHERE DID INJURY OCCUR	17 (City or town) (C	County)	(Stele)		
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While A. et wo		21f. HOW DID INJURY OCCUR	1				
	22. I hereby certify that I attended the decease	sed from Tauk	1966 to 5/	3/ 1967 the	t I last saw	the deceased		
	1 - 1 - 1 - 1		/					
3	alive on							
55 10M	Jag Upon	M.D.	(hourse }	edecicle My	0	5/31/67		
7	23. BURIAL CREMATION, COATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or co	uniy)	(State)		
A15C 1-55	Burial 6-31967	Fort Lines	In Comptens	Prince Co.	G	o. M d.		
25	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	· Judal	25. FUNERAL DIRECTOR'S	SIGNATURE 1100 GO	ASDRESS			
)	DATE JUN 7' 1967 grands	See	Joseph Gawl	ers Sons , Inc.	. Wash.	D.C.		

ATT THE STREET STREET TO THE METERS OF THE PARTY OF THE P

MTARE ROLL ADRICE

MARYLAND STATE DEPARTMENT OF HEALTH

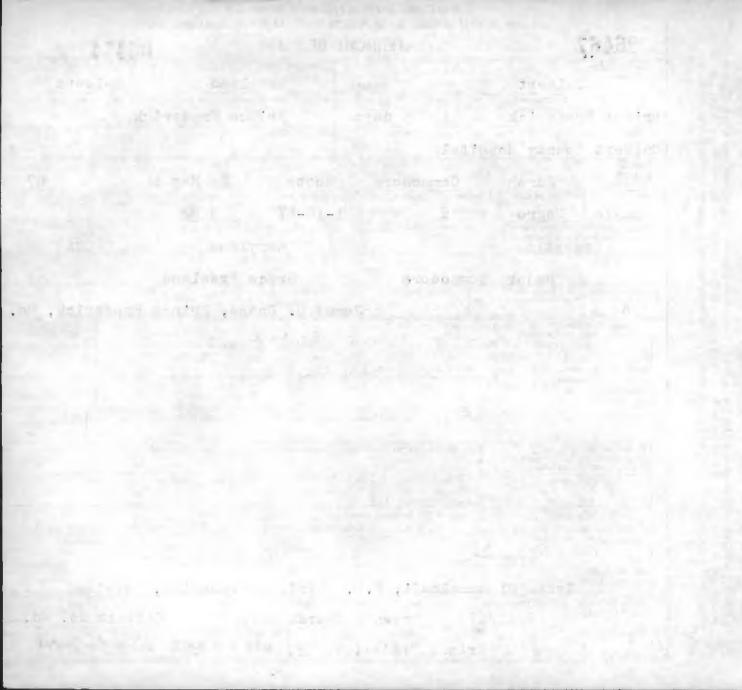
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0	6	公	6	7
3					

1	-	10	1	F-17	7		
Linesi	8	ion.	D.	cida	DEA	hafara	a de la con

0030	4		CEKII	LICATE	OF DEATH		137	6454		
I. PLACE OF DEATH					2. USUAL RESIDENCE				efore od	mission)
o, COUNTY	Calvert		MA	RYLAND	o. STATE Mary	land	b. COUN	Calv	ert	
b. CITY OR TOWN	(If outside corporate limit	5,	c. LENGTH OF STAY	7 IN 15	c. CITY OR TOWN (If a		s, write RUP	RAL and give ne	orest to	wn)
Prince I	rederick		5 ds	ays	Prin	ce Fred	ericl	140 3		
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	at in hospital, g	ive street address)		d. STREET ADDRESS					RESIDENCE N A FARM?
Calvert	County Ho	spita	1							
3. NAME OF	Fi	rst	Middle		Last	4. DATE	Mont	h	Day	Year
(Type or print)	Sarah	C	ommodore	9 .	Boots	OF DEATH Ma	y 6			167
S. SEX	6. COLOR OR RACE	7, MARRIED	NEVER MARRI	IED 🔲	8. DATE OF BIRTH	9. AGE	(In years	Months Do		UNDER 24 HR
Female	Negro	WIDOWED	Palle at	ED 🔲 1	-18-87	80	birthday) yrs.			
during most of working	ON (Give kind of work dane g life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	8 State, or foreign co land	untry)	12 CITIZES COUNT		AT
13. FATHER'S NAME	Om Co Cr C				14. MOTHER'S MAIDEN			1 0	DA	
	Major	Comm	odore		Gnace	Freela	ha			
S. WAS DECEASED EV	FRINIIS ARMED FORCES?	16.5	SOCIAL SECURITY NO.	17. 1	NFORMANT	TIOCIA	Addre	ess		
(Yes, no, or unknown) n O	(If yes give war ar dates o	ol service)		Tam	es O. Cha	go Pni	nce I	reden	ick	MA
18. CAUSE OF D	DEATH (Enter only one cou	ise per line for	(o), (b), and (c).)	V Carr	ios or one		100 1	10001		AL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	140	Tien	elul ic 3	d			ONSET /	AND DEATH
750		, ,								
Conditions, if on	y, which gave	(b)	-	uera	ple					
rise to immedia		TO								
last.		(c)								
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN P.	ART 1(a)		19 WAS PER YES	S AUTOPSY FORMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Port I or Port II of i	tem 18.)	1		
Hour a	JURY Month, Doy, Year .m. 19	While	Nat While		CE OF INJURY (Home, form ory, street, office bldg., etc.		or town)	(County	1	(State)
21. I cert	ify that (I) (this has			d fram		19, ta		19	that	(1) (we) k
saw the c	deceased alive on		19,	and that	death accurred at	M, from	a couses	and on the	date st	ated abov
220. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS.										
22c. PHYSICIAN					22d. ADDRESS			4		
NAME (Type	'Issam El	Dama	louji, N	I.D.	Prince	Frederi	ck, 1	laryla	nd	
230. (BURIAL, REMATI REMOVAL (Specif	1		23c. NAME OF CE			23d. LOCATION			unty)	(State)
	7/10)/67		n's C	hurch Cem	1		vert (Md.
24 FUNERAL DIRECT			ADDRESS			D BY REGISTRAR	25b. RE	GISTRAR'S SIGN	TURE	140
Propulli	E. Sewell	Prin	ce Fred	erick	, Md DAMA	1 2 196	1 AC	liarles	Jus	7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the theeral director, page 3 shauld be detached far use as the burial-transit permit. Then please femally carbon papers. Pages and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or remand, and in appropriat, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs attack Page 4 may be retained by the hospital ar attending physician.



P.M.3. Page any deloy is Store Deportment of necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to ofter death. X hours

the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form

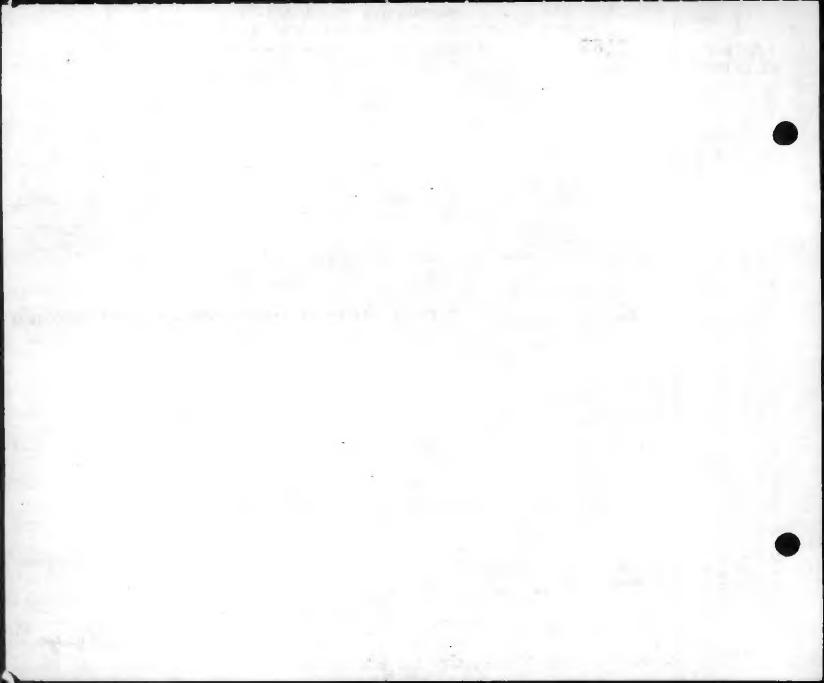
5 may be retained for your files. Health or its designated agent, prior to burial, cremation, or removal, and in any event within

TO DEPUTY MERKAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

OF STATISTICAL DESEADOR

06468 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	06155
1. PLACE OF DEATH O. COUNTY Calvert 2 MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: R b. COUNTY	sidence before odmission)
b. KITY OR TOWN (If outside corporate timile, write RUBAL and give neglest town)	c. OD OR TOWN (IF outside corporate limits, write RURAL or	give neorest town
'd. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS (rural)	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First Middle	Bower DEATH 5	L Boy Year
WIDOWED DIVORCED	17 04/10 Jost Dandoy) Mor	NDER/I YEAR IF UNDER 24 HRS. iths Doys Hours Min.
100/US/AL OCCUPATION/(Give kind of work done during most of working life eyen if coviled). 10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHP(ACE (Stote of foreign country)	COUNTRY? U. S. A.
Elian Bowen The	14. MOTHER'S MATTEN NAME May Ha //	
(Yes, no, or unknown) (If yes give wor or dates of service)	INFORMANT Address Porothy Turner Bowen, Ini	nce tradericke
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	aretine	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CALLS OF DEATH CALLS OF DEATH	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) (Enter nature of injury in Port I or Popul of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
20c TIME OF INJURY Month, Doy, Year , 20d MURY OCCURRED 20a PLA	CE OF INJURY (Home, form, 20f. (City or town)) tory, streng which bidg., etc.)	(County) (Stote)
21. I certify that I took charge of the remains described above, he	eld an Autapsy, Inspection, Inquiry [and in my opinion
death resulted from: Notural causes, Accident , Suic	cide, Homicide, Undetermined manne CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S H. W. Ward M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	14/67
230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify) May 6 1967 St. Ray 5 Ce	moter Kimp Tredering	(County) (State)
24. FUNERAL DIRECTOR POSSESSAL PORT PORTESSAL	le Mi DATEM 8 REGISTRAR 25b. MOUTE	gudge.

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

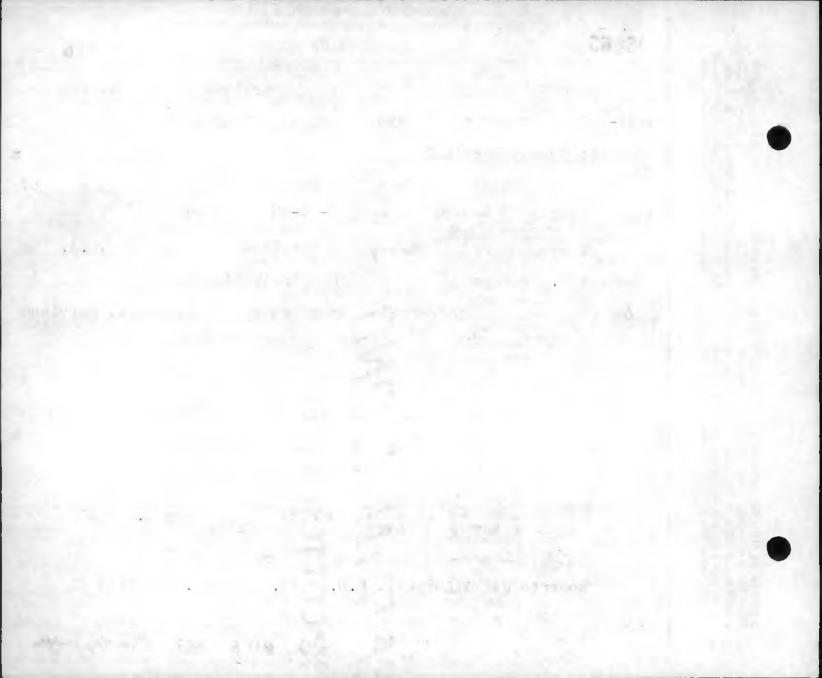
	9	6	弘	6	3
--	---	---	---	---	---

CERTIFICATE OF DEATH

13	13	75.	beid	13
1.2	Star 1	12.1	24 1/2	10
	6	2		L.

1. PLACE OF DEATH					2. USUAL-RESIDENCE (V	Where dec	eosed lived, if institu		ce before	odmissio	1)
	alvert		MAF	RYLAND	Mary	vlan			vert	an .	
b. CITY OR TOWN	(If outside corporate limit	S,	c. LENGTH OF STAY	IN 1b	E. CITY OR TOWN (If ou	tside corp	orote limits, write RI	JRAL and give	neorest I	lown)	
Rural -Pi	ind give negrest town)	erick	7 days		Rural-Sol	lomo	ne		0	4.1	-
	TITAL OR INSTITUTION (IF no		0.00,		d. STREET ADDRESS	VIII	1110		0.	IS RESID	NCE
Calve	t County	Hospit			-		YE	ON A FA	NO 😓		
3. NAME OF DECEASED		rst	Middle		Lost	4. DAT	E Mor	ith	Doy	Yea	
(Type or print)		oda	Vera		Dean	DEA		T is corner	VEAR 13		7
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		. DATE OF BIRTH		9. AGE (In years Jast birthdoy)	Months		F UNDER Hours	Min.
female	white	WIDOWED	DIVORCE	ED 🔲	7-26-09		57 yrs.				
1Do. USUAL OCCUPATI during most of working	ON (Give kind of work done		ID OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or	foreign country)		IZEN OF V UNTRY?	YHAT	
during most of workli	Manager	IND	Baken	u	Maryland	d		U.	S.A.		
13. FATHER'S NAME	1			7	14. MOTHER'S MAIDEN						
Charl	s G. Trav	ers			Winnie	Sim	mons				
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. \$6	OCIAL SECURITY NO.	12. II	FORMANT	- 1.41	Add	ress			
(Yes, no, or unknown	(If yes give wor or dotes o	of service)	7-311-41.	30 T	oan Wroter	-	Solom	020	Man	-7 0 -	. 7
TIO CAUSE OF	DEATH (Enter only one cou	ica parelina for l	(a) (b) and (c)) a	01 00	San wroter	1	SOTOM	ons,		VAL BETV	
PART I. DI	ATH WAS CAUSED BY:	Ass.	(o), (b), and (c),)	200	· mel	asi	Pass	-		T AND DE	
2	IMMEDIATE CAUSE		2 00	over.	7,000		THE !		-		
153	8 DDE	10	11 10	2	1 6						
	Conditions, if ony, which gove rise to immediate couse (o),					An-	1-				
	stoting the underlying couse DUE TO										
lost.)	(t)									
PART II. OTHER	SIGNIFICANT CONDITIONS O	ONTRIBUTING TO	DEATH BUT NOT RE	ELATED TO TE	HE TERMINAL DISEASE CON	NDITION G	IVEN IN PART 1(a)		19. W	AS AUTO	PSY D?
	AS UNDERLYING CAUSE OF DEATH	20b. DES/	CRIBE HOW INJURY	OCCURRED. (Enter nature of Injury in I	Port I or I	Port II of item 18.)				
(IF EITHER, NOTII	Y MEDICAL EXAMINER)					Y -00	-				
20c. TIME OF II	JURY Month, Doy, Yeor o.m. 19	20d. INI While of work	OURY OCCURRED Not While of work		E OF INJURY (Home, farm ry, street, office bldg., etc.)		(City or town)	(Cou	(ytnı	(2)	tote)
21. I cer	tify_that_(!) (this has	pital) attend		fram T	me 21 .1	965	to May	19_	6.7tha	t (1) (v	(e) last
saw the	deceosed alive on_	May It	1967.	and that	death accurred of	3: 30	M, fram causes	ond on th	ne date	stated	above.
	saw the deceosed alive on May 1: 1967, and that death accurred of 3: 30 M, fram causes and on the date stated above.										
1	111/1/166	2 west		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF D				
22c. PHYSICIAN					22d. ADDRESS	20.30	, , , ,				
NAME (Ty	Roberto d	e Vill	arreal.	M.D.	St. L	eons	rd, Mar	yland			
23o. BURIAL, CREMA			23c. NAME OF CEA				LOCATION (City or T		(County)	151	ote)
REMOVAL (Spec	My m.	7 19/0	- 1	Au	11 / 1	_	1	00	-	1	21
24. FUNERAL DIREC		1/6/	Solomor	25/1/	250. RECT		STDAD THE	ALUE C	CNATHOL	_/'	14,
24. FUNERAL DIREC	Le h	1. 7	nestrick	1.	11 12 1. MAY			Clare	CONALIKE	de	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter ruled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I each should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death. 24 haurs after WITHIR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.



1	-			
B	11	1		
D_{λ}	9	2	-	
華	E,	-	77	÷
D	1	D.G	ŭ	60
P		ne	0	0
d)		1	_	B
=		0	8	O.
50		÷	0.0	50
5		2	4	=
2		-	vi	2
-		1 700	P	N
3		Pa	0	-
E		=	ď	Ē
+		>	L	=
3		d	ğ	>
-0		0	0	t
9		di	0	20
3		5	×	a
×		-	no	2
0		nd	0	D
be		0	(II)	-
0		6	OS	P
9		10	0	0
ij		S		5
1		둡	en.	2
9		0	E	E
5		=		9
0		n	芸	E
ŏ		tte	E	-
9		0	be	0
Marie		10	±	to o
-		-	D.S	E
=	E	Š	9	9
10	· 💆	0	+	
ire	5	9	.0	0
20	5	.03	5	5
0	-	S	المتم	10
2	.⊆	9	ž	=
0	nd	Ď	S	.0
0	10	2	O	p
500	6	Ĭ	Se	=
	E	9	5	듬
Z	=	03	0	4
C	,=	Œ	-	=
S	S	erl	ed	0
=	2	0	든	d.
	60	-F	0	8
9	듶	-	ŏ	9
Z	>	9	9	D
0	-	A	_	S
	9	o'	100	÷
-	·	0	Ö	-
4	e	U	S	-
00	g)	R	3	>
0	ō	0	0	e
AL	~	_	00	-
-	Ĕ	2	-	P
SP	4	1	10	P
0	d	5	1)6	5
I	99	4	directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2	13
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	D	5
-		-		0

VR A15 (4) 25M 1/67

96470 CERTIFICATE OF DEATH

05457

1	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Calvert							
-	b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 11	10 1000							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO							
3	NAME OF firs? Middle	Last 4. DATE Month Day Year							
	Type or print) Lucretia Hilken	Down 11 OF DEATH 5 21 1967							
5	MINOMED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.							
Ti	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12 CHTIZEN OF WHAT							
d	uring most of working life, even if retired) INDUSTRY Home	New York COUNTRY, 5 A.							
T	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
L	John A. Hilcken	Caroline Becker							
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	17. INFORMANT, Address . Address . Refuse mod							
-	No - 212 - 24-4386	4/1- MILL NEW COLLEGE							
ľ	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH							
	5H2O DUE TO	The state of the s							
1	(b) (steem welf of	the Basterenice 10days							
	conditions, if ony, which gove rise to immediate couse (a). stating the underlying couse (b) Gasles exclusions (c) Gasles exclusions (c) Gasles exclusions (c)								
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?								
CATIO	Offsely YES NO								
CCDTICKATION		IRRED. (Enter nature of injury in Port I ar Port II of item 18.)							
AACDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Haur a.m. p.m. 19 at work at work	le. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City ar town) (Caunty) (State)							
	21. 1 certify that (1) (this haspital) attended the deceased from May 10, 1967, to May 21, 1967, that (1) (we) last saw the deceased alive on AMay 21, 1967, and that death accurred at 12 My from causes and on the date stated above.								
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED							
1	ray Poll	M.D. PHYS. DIRECTOR PHYS.							
1	22c. (PHYSICIAN'S NAME (Type) Page C. Jett M.	D. Prince Frederick, Md.							
2	30. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) May 24, 1967 Net 10	RY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)							
1	24. FLINERAL DIRECTOR, ADDRESS.	250 AEC D BY REGISTRAR 24 DEGISTRAPS SIGNATURE.							
L	U.U. Hareness & Don Port 11.	Epillig Mari & 4 1001							

JT I

Sherically Juniles

Introduction of the late

11.5 3011 2 15.1

6 -7-4 cals Wilte

2751 700

to be salled to

10.1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 96471 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Calvert after MARYLAND Maryland Calvert / the v b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural-Prince Frederick within 24 hours Chesapeake Beach d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS event, within 7 filled BOX 344 Calvert County Hospital 3. NAME OF oletely f carban Middle 4 DATE Month DECEASED (Type or print) Margaret Madeline Fav DEATH campl S. SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED 64 yrs 8-29-02 in any WIDOWED DIVORCED female white 10g USDAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician c during most of working life, even if retired) INDUSTRY requires that the death certificate HOUSE WIFE District of Columbia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaval, GEORGE Lerch Barbara Albright 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service Edward A. Fay Chesapeake Beach, Md burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per une for (o), (b) and (c).) burial-transit PART I. DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse has been see as the left the priar taken attending OR ATTENDING PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FICATION Health 2 this certificate 20o ACC DENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of moury in Port I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) Hour a.m. foctory, street, office bldg., etc.) Not While of work After 21. I certify that (I) (this haspital) attended the deceased from April 19 66, to Jan. 21, 19 67 that (1) (we) last 3 shauld with the ? be retained 19 67, and that death occurred att. 3.6 M, from couses and on the date stated above. saw the deceased alive an May 23 DIRECTOR: 220 SIGNATURE MiD

NAME (Type) George J. Weems, M.D.

26

23b. DATE THEREO!

CHAMBERS

IS RESIDENCE ON A FARM?

YES NO 🔀

Year

IF UNDER 24 HRS

Hours

NTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(Stote)

67

Doy

12 CITIZEN OF WHAT

II.S

COUNTRY?

(County)

22d. ADDRESS

CEM.

23c NAME OF CEMETERY OR CREMATORY

PIVERDALE MID

CEDAR

HiLL

Huntingtown, Maryland

SUITLAND

RECD BY REG STRAR AY 26 196

23d LOCAT ON (City or Town)

IF JINDER 1 YEAR

Months

director, page snould be filed TO FUNERAL VR A15 (4)

TO HOSPITAL

22c. PHYSICIAN'S

230 BURIAL, CREMATION

BURIAL (Specify)

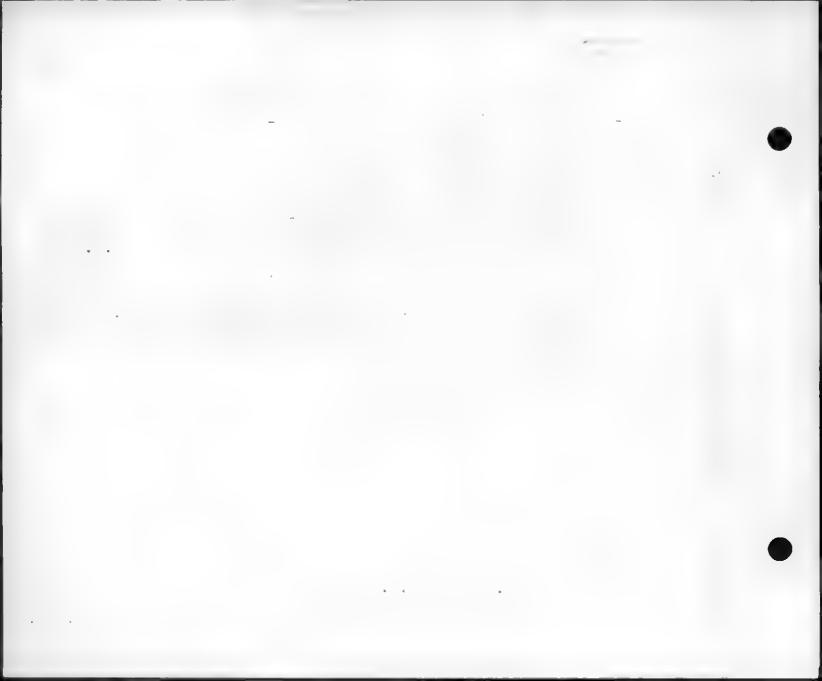
24. FUNERAL DIRECTOR



36472 CERTIFICATE OF DEATH n by the funeral rs. Pages I and hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY b. COUNTY Calvert Maryland Calvert MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 Rural-Prince Frederick 118 davs Rural-Owings d NAME OF HOSPITA, OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? Calvert County Hospital YES NO TO NAME OF Middle Last 4 DATE Manth Day DECEASED OF event, Wallace (Type or print) Gibson 67 Asbury DEATH 19 S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED hirthday) Days Haurs ynb ni WIDOWED DIVOR CED 0 - 22 - 91male Negro

10a USUA, OCCUPATION (Give kind at work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) during mast of working life, even if retired) U.S.A. INDUSTRY burial, crematian, or remayal, and Maryland FARMOY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Barry Gibson Georgianna attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates of service Nellie Gibson Owings, Maryland signed by the a burial-transit pr CAUSE OF DEATH (Enter only one cause per pre) for (a), (b), INTERVAL BETWEEN PART ! DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying cause Health prior WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART I(g) use MO this certificate 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (Crty or town) (County) (State) Haur a.m. factory, street, affice bldg . etc.) Not While at wark at wark TO FUNERAL DIRECTOR: After 2]. I certify that (1) (this hospital) attended the deceased from April -8 19 66, to May ., 19<u>67</u> that (I) (we) last director, page 3 shauld should be filed with the be mitained 1967, and that death accurred 2:10 p.M. from causes and an the date stoted above saw the deceased alive an May 1/1 22e SIGNATURE 22b. DATE SIGNED M D DIRECTOR 22d. ADDRESS George J. Weems. M.D. Huntingtown. Maryland Page / 230 BURMAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (Caunty) REMOVAL (Specify) Mt. Hope, Ch. Cem. Sunderland Cal. Md. 24 FUNERAL DIRECTOR AD DRESS

executed within 24 haurs after death requires that the Heath certificate Se OR ATTEMBING O HISPITAL VR A15 (4) 25M 1/67

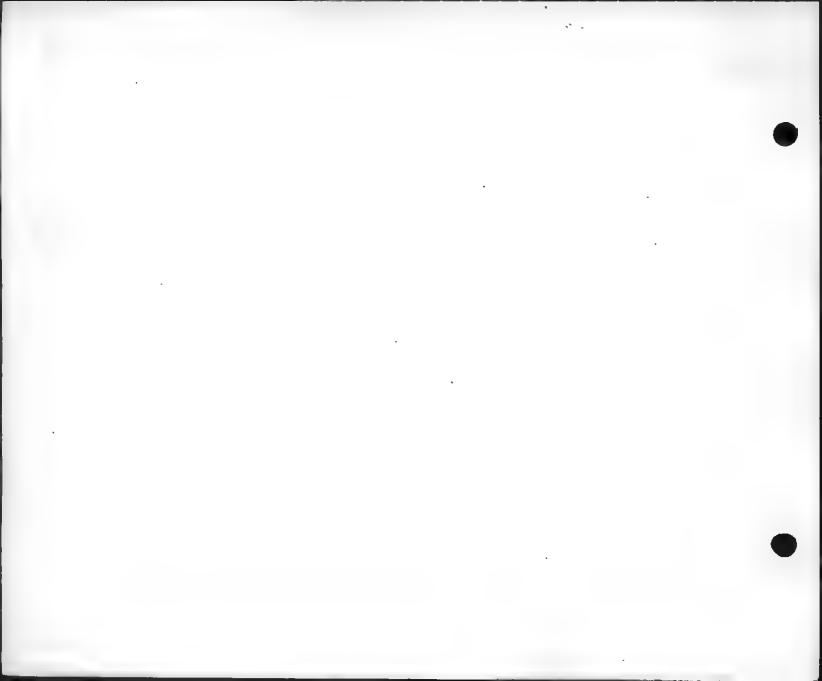


2Sa REC D BY REGISTRAR

VR A15ME (5) 6M 1766

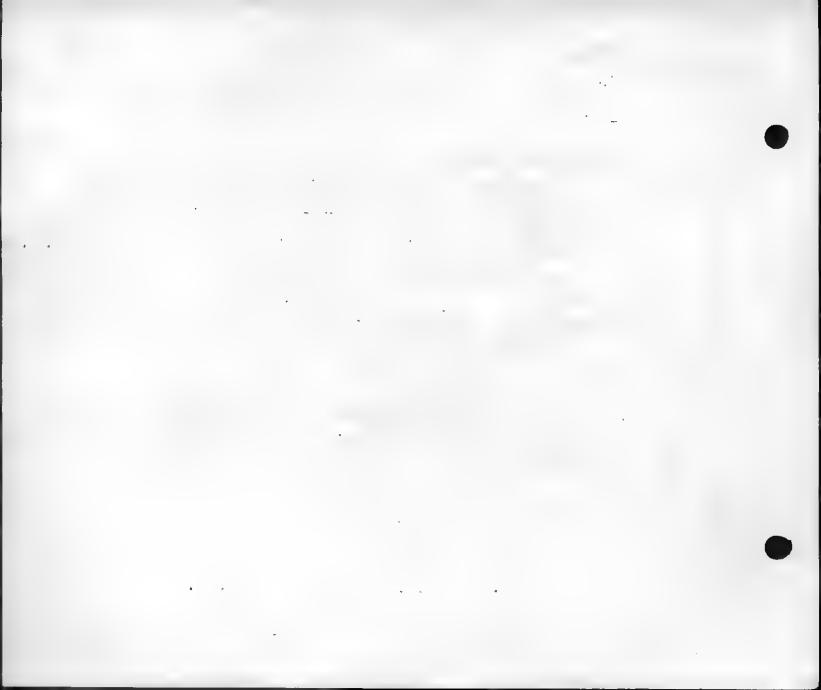
REMOVAL (Specify)

24 FUNERAL DIRECTOR

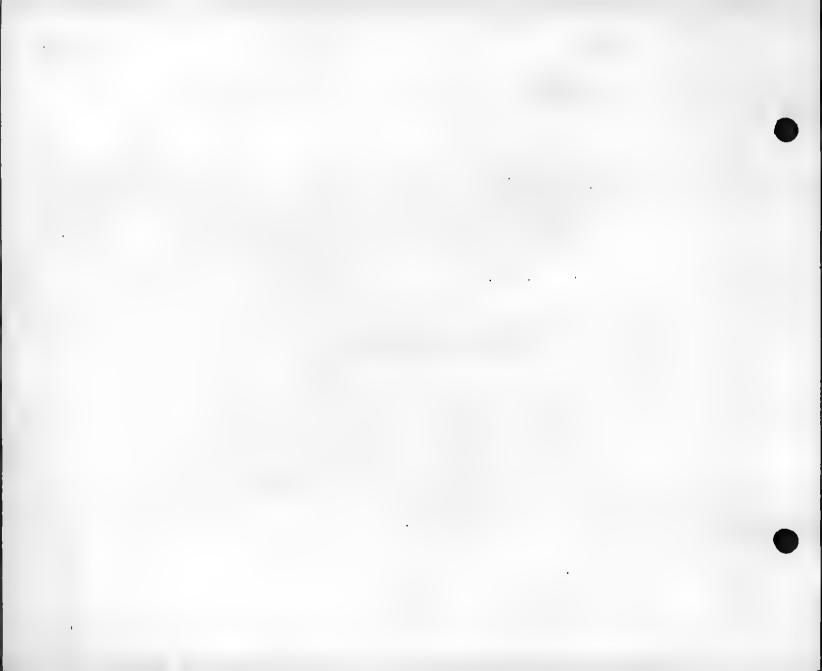


	-	_	-		
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death.	(1	Line of	A L	r death.	
urs afte		y the fi	Pages	urs afte	
24 hau		ed in b	pers.	וסל 17 נ	
within	(tely fill.	Men p	, withir	1
ecuted	•	comprie	ove co	y evbut	/
s pe ex		bno no	ise rem	nd in an	
certificate		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campfetely filled in by the funear	directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove(calleen papers. Pages	shauld be filed with the State Dept. af Health prior to burial, crematian, or remayal, and in any evbat, within 72 hours after death	
death i		ittending	ermit T	n, or ren	
hat the	٠.	y the o	ansit pe	ematia	
quires t	Page 4 may be retained by the haspital ar attending physician.	signed b	burial-tre	burial, cr	
e law re	tending	us peen	as the	prior to	
AN: The	al ar at	icate ho	far use	Health	
PHYSICI	haspit	is certif	tached	Jept. af	
IDING	d by the	After th	pe de	State [
ATTEN	retained	ECTOR:	shaufo	with the	
TAL OR	nay be	AL DIR	pode 3	e filed v	
HOSPI	age 4 n	FUNER	Irectar,	hauld b	£
2	4	2	0	S	2 200

	06474	, 6		CERTIFICATE	OF DEATH			F	1	
,	PLACE OF DEATH				2 USUAL RESIDENCE (V	Where deceased liv			re odmissio	n)
	o. COUNTY Cal	ve rt		MARYLAND	o STATE Mary	and	b county	Calver	t	
	b. CITY OR TOWN (If	outside corporate li	mits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF ou		nts, write RURA	ond give neore	st fown)	
۲í	iral-Pri	nce Fre	derick	6 days	Owing	75				
-	d. NAME OF HOSPIYA	L OR INSTITUTION (I	f not in hospital, gr		d STREET ADDRESS			T	e IS RES D	ENCE
	Calver	t County	Hospital						ON A FA	NO 5
3	NAME OF		First	Middle	Lost	4 DATE	Month	Doy	y Yeo	31
	DECEASED (Type or print)	Hunt	er	Walters	Milhado	OF DEATH	5	21	19	67
	SEX	6. COLOR OR RACE			8 DATE OF BIRTH		(In years	IF UNDER 1 YEAR	IF UNDER	
M	ale	White	WIDOWED [DIVORCED '	7-11-92	71	birthdoy) 4 yrs	Months Doys	Hours	Mir
	USUAL OCCUPATION		one 10b KIN	D OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign	tountry)	12 CITIZEN O		
Z	ing most of working li	Telice 7	lary	USTRY Retired	Virgir	nia		COUNTRY	U. :	S.
3.	FATHER'S NAME		7		14. MOTHER'S MAIDEN I	AWE				
		Edward V	Vatson Mi	lhado	Ella Tri	.ce				
	WAS DECEASED EVER es, no, or unknown) (OCIAL SECURITY NO 17	INFORMANT		Address			
	Yes	Army		_12-8181 He	len Milhad	lo o	wings,	Maryl	and	
_	18 CAUSE OF DEA	ATH (Enter only one	couse per lime for (o), (b) and (c).)	1) X	// //			TERVAL BETY	
	PARI I DEAIR	I WAS CAUSED BY: // IMMEDIATE CAI	USE (0) COM	aro Vasen	dar Jen	al a	ren	re / or	ISET AND D	EATH
	4401		DUE TO							
	Conditions, if ony, nse to immediate	couse (o)	(b)							
	stating the underl		DUE TO							
	lost.	,)	(c)							
2	PART IF OTHER SIG	MFICANT CONDITION	IS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN	PART 1(o)	19	WAS AUTO PERFORME	EDS SBSA
8	17000	cerc,	well	2 days	7			Υ	res 🔲 🗆	NO [
2	201 ACC DENT WAS OR CONTRIBUTING E		20b DESC	RIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I or Port II of	rtem 18)			
F .	(IF EITHER, NOTIFY M	MEDICAL EXAMINER)		U						
5	flour tour	RY Month, Day, Yeo	Y 20d INI		CE OF INJURY (Home, form tory, street, office bldg., etc.)		y or town)	(County)	(,	Stota)
2	2009 pm	5/24	19 O ol work	L of work L		No.	-/	100		
		, yı	1	the deceased fram_		9/6, 102	124		hat (1) (v	
	220 SIGNATURE	ceased/alive an	12/24/	1964U, and the	t death accurred at	EADOW, TIC	m couses or	nd an the dat		aba
	7 HOMATORE		as it	M.	ATTENDING 6	MED CIPICATOR	STAFF	5-25-		
	21t Physician's	10 47	- Ca	PO .	D PHYS L	DIRECTOR L	PHYS L	2-22-	, U	
	NAME (Type)	Hugh	W. Ward	M.D.	Owin	ngs, Md.				
231	BURIAL, CRÉMATION	N, 23b DATE		23c NAME OF CEMETERY OR			N (City or Town	1) (County	() (Sr	tote)
4	REMOVAL (Specify)	may	2-10, 1924	Frendsh.	in Ch. Com	True	udshir	11/1		ud
2	I. SUNERAL DIRECTOR	T	1 1 100	ADDRESS	AM ARK I	Y GEGISTONE 7	2557	STRAPE SIGNATU	RE	
	94 11	11 -17	much la	tome Allena	M. Sull min	# 9 MOI	1	- Land And	1	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36475 CERTIFICATE OF DEATH haurs after death by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Eved, if institution. Residence before admission) a. COUNTY a STATE **b.** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RHRAL and give negrest town papers. Med in IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS DA YES NO 🔀 with NAME OF Middle Lost 4 DATE Manth Year carbon Doy completely DECEASED 0F 1965 31 and in any event, (Type or print) DEATH The law requires that the death certificate be executed 6 JOLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF 8-RIH AGE (n years remaye Months last birthday) Doys Hauss WIDOWED IN DIVORCED guq 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT *Daf USJAL OCCUPATION (Give kind of work done ty & State or foreign country) physician o during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, the attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates of service) 6-6303 5 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Wears ρ IMMEDIATE CAUSE (a) attending physician DUE TO burial, Cand tons, if ony, which gove rise ta immediate cause (a), DUE TO far use as the l f Health priar tab stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO the haspital of ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH Jo. defached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour a.m. While Nat While factory, street, affice bldg , etc.) 19 of wark at work ģ þe 21. I certify that (I) (this hospital) attended the deceased from , that (I) (we) last be retained shauld M, fram causes and on the date stated obove. and that death/occurred at sow the deceased alive on 5 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 should be filed v PHYS. M.D. PHYS DIRECTOR 22d. 22c PHYSICIAN'S NAME (Type) Page 4 23a BURIAL CREMATION -926 DATE THEREOF NAME OF CEMETERY 23d. LOCATION (City of Town) 230 (County) (Stote) REMOVAL (Specify) REGISTRAR S SIGNATUR 24. FUNERAL DIRECTOR REGISTRAR 2Sb. 2Sa VR A15 (4) 20 M 1/66



wathin 72 haurs after death.

in any event

Health or its designated agent, prar to burial, crematian, or remayal, and

VR A15ME (\$) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	96476 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	ંત્ર
	DELACE OF DEATH, O COUNTY Contract MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution Residen o STATE COUNTY	/ /
	b CAY OR TOWN (If outside corporate mits c LENGTH OF STAY IN 1b	CCITY OR TOWN (1 autside corporate limits, write RURAL and appe	enearest town)
)	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
ĺ	3 NAME OF DECEASED (Type or pr n) Claracter (Middle Middle	DATE Month OF DEATH	Poy Year
Ð	S SEX 6/COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED	B. DAPE OF BIRTH 9 AGE (In years FUNDER Last birthday) 7 J yrs	PYEAR IF UNDER 24 HRS Doys Hours Min
	100 US AL OCCUPATION (Give kind of work done 100 KKIND OF BUSINESS DR NOUSTRY) NDUSTRY		TIZEN OF WHAT UNTRY?
	13 FATHERS NAME	MOTHERS MAIDEN, NAME	
	15. WAS DICEASED EVER IN U.S. ARMED FORCES? (Yes, no, ec unknown) (If yes give wor or dates of service)	INFORMANT Address	
	IB CAUSE OF DEATH (Enter on y one couse per (ing for (o), (b), opt (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Jan & Jonander iles	ONSET AND DEATH
	Conditions, if ony, which gove (b)	r	
	rise to immediate couse (a), stating the underlying couse lost.		
	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	PERFORMED? YES NO
	PRIMARY Or CONTRIBUTING O	(Enter pature of in ury in Port , or Port II of item 18)	
		ACC OF INJURY (Home, form 201 (fity or town) (Construct, office bldg, etc.)	alva (State)
-	21. I certify that I taok charge of the remains described above, hi		and in my apinion
	death resulted fram: Notural causes Accident [], Sui	cide, Hamicide, Undetermined monner CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE	M.D. ASSISTANT MED CAL EXAMINER.	22. DATE SIGNED
	EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, of county)	4/67
	230 BJPAL (REMATON, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CARTONS C	CREMATORY 23d OCATION (City or Town) b. Cem Friendship A	(County) (State)
	24 FUNERAL DIRECTOR ADDRESS D. F. " swell - Princo Fredera	250 REC D BY REGISTRAR 250 REGISTRAR'S SI LIGHT DATE MAY 1 2 1967 ACLIAN	



VR A15 (4) 15M 7161

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	06477 CERTIFICATE OF DEATH						
		PLACE OF DEATH a. COUNTY Caluet MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. STATE Manufand. b. COUNTY (alvent				
		b. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town) Prince Frederick	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) hesapeake Beach				
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) Call Co Los felal	d. STREET ADDRESS o. 15 RESIDENCE on A FARM? YES NO				
and a	3.	NAME OF DECEASED (Type or print) NAME OF CARLY	ROSS DEATH May 9 1967				
	6.) M WIDOWED DIVORCED	B. DATE OF BIRTH 10/3/1898 9. AGE (In years VUNDER I YEAR IF UNDER 24 HRS.) Nonths Deys Hours Min.				
		USUAL OCCUPATION (Give kind of work ine during most of working life, even if retired) Atternan Father's NAME	Talbot Maryland 14. MOTHER'S MAIDEN NAME To the second of the second o				
	15.	Thomas J. Ross. Was deceased ever in u.s. armed forces? 116, social security No.117.	Sarah Harrison				
	(Ye	es, no, or unkown) [[fyesgive werordetes of service]	1. 1 0 Interval Between				
		DUE TO	deal Difarcheon				
		Conditions, if eny, which geve rise to immediate couse (e), stating the underlying DUE TO cause lest.					
	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(*) 19 WAS AUTOPSY PERFORMED? YES NO				
		200 ACC.DENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED, (Enter neture of injury in Pert I or Pert II of Item 18.)				
	MEDICAL		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ctory, streef, office bldg., etc.)				
			at death occured at 8.3 M, from the causes and on the date stated above.				
		22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF SIGNED, PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIRECTOR PHYS DIRECTOR P				
,		NAME (Type) B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Huntingtown, md				
)	236	MANUFACTURE CONTRACTOR	emetery Tilghman, Md.				
	24	FUNERAL DIRECTOR'S SIGNATURE AM & SON, Easton, Ad.	DATE MAY 15 1967 Charles Judge.				

, ž, • • •

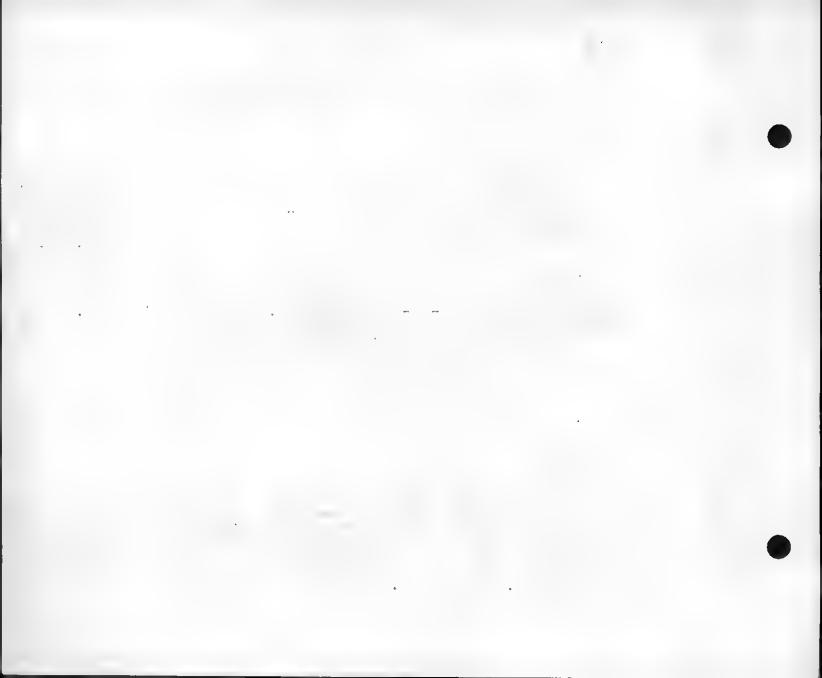
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 36478 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY n STATE b. COUNTY Maryland Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Prince Frederick day Dunkirk d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STRFET ADDRESS B IS RESIDENCE ON A FARM? Calvert County Hospital NO X 3. NAME OF Middle 4. DATE Last Month DECEASED 0F Rosie Type or print) Estelle Smith DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours 7-11-8/1 WIDOWED DIVORCED female negro 10o. USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? S.A. INDUSTRY Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Peter Hicks Drusilla Green 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (if yes give wor or dates of service Allen L. Smith Dunkirk. Md. 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c),
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) 4200 DUE TO Conditions, if any, which gove rise to immediate cause (a), DUF TO storing the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 200 ACCIDENT WAS UNDERLYING I 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (1) (this haspital) attended the deceased from May 25. 19 65, to May 19_67 that (I) (we) last saw the deceased aliveron May 19 67, and that death occurred at 5:250M, from causes and on the date stated above. 22b DATE SIGNED 22o. SIGNATURE 5-2-67 M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Osman Z. Ersoy. Prince Frederick, Maryland 23h DATE THEREOT NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Cal Md Dunkirk 5-6-67 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

campletely executed In any The law requires that the death certificate be ar remaval, cremotian, as been as the priar tal has this certificate OR ATTENDING PHYSICIAN: After director, page 3 shauld shauld be filed with the TO FUNERAL DIRECTOR: O HOSPITAL

24 hours after death

within

= ₹ þā



6			06479			CERTI	FICATE	OF DEATH				2	15
er deom			LACE OF DEATH . COUNTY	vert		MA	RYLAND	2. USUAL RESIDENCE (0. STATE Mar	Where deceased	l lived, if instituti b. COUN	YTY	efare admiss	ion)
ges		Ь	CITY OF TOWN (f or Issie comorate limit	5,	C LENGTH OF STAT	(IN 16	c CITY OR TOWN (If o		limits, write RUF	RAL and give ne	arest town)	
Pa		Ru	ral-Pr	ince Fred	erick	615	days	Rural-Pr	ince	Freder	ick		
2 h		d	, NAME OF HOSPIT	AL OR INSTITUTION (If no	it in haspital, g	ive street address)		d. STREET ADDRESS				e IS RES	
tely med in by the turbed papers Pages I, with a 72 hours after	7	Ca	alvert	County Ho	spita	1						YES 🗌	NO 🙀
			IAME OF ECEASED	Fi	rst	Middle		Last	4. DATE OF	Mont	h	Day Y	ear
or o		(Type or print)		mar	Hollyday		Steuart	DEATH	5	T	19	W L
ind compley remave cor i any event,		5 5	EX	6. COLOR OR RACE	7 MARRIED	NEYER MARK		DATE OF BIRTH		AGE (In years Lost birthday)	Months Do		R 24 HRS
d comp			nale	white	WIDOWED		ED 🔲	6-24-80		Jost birthdoy) 36 yrs.			<u> </u>
physicion and en please rem aval, and in an			USJAL OCCUPATION ng mast af warking	(Give kind of work done	10b K1	ND OF BUSINESS OR DUSTRY	0	11. BIRTHPLACE (County		gn country)	12 CITIZEN COUNTI	I OF WHAT RY?	
please please I, and ii				Tetired	Ma. S	tetes Parks	COMPL	Maryland			U.S	.A.	
phys en p aval,		13.	FATHER'S NAME					14. MOTHER'S MAIDEN		2			
The F		1.0		Steuart R IN U.S. ARMED FORCES?	1/	COCINI CECUDIAN NO	12.0	Mary T.		day,			
signed by the arenaing physician and completely filted the burial-transit permit. Then please remaye corbag gaper burial, crematian, or remayal, and in any event, with n 72		(Yes	May neceasen eve	(If yes give wor or dates o	(service)	SOCIAL SECURITY NO	20 -	FORMANT HOSPI	THE TOP	Addre	JR	4. n	21
ane Sern an, (_	4e5	Denish - Haci	reante	0-44-43	30 37	euari La	mar M	oodWan	a, par	INTERVAL BI	TWEEN
sit p		1	PART I. DEAT	ATH (Enter only one cou TH WAS CAUSED BY		tg), (b), and (c).)		- · 2/- · · · ·	. 4			ONSET AND	
I by the attending p transit permit. The crematian, or rema		-1	43511	IMMEDIATE CAUSE		1) innieg		i fe cen					
signed by the burial-transit burial, cremat			Conditions, if any	ushigh again 3	(b)	•		į.	/				
			nse to immediat	e couse (a), (Park									
s the			last.	nying couse	(c)								
as prid		_	PART II, OTHER SI	GNIFICANT_CONDITIONS C		O DEATH BUT NOT R			INDITION GIVEN	IN PART 1(o)		19 WAS AL	
use no	2	9		Gan	ulanto	arlero	, sce	Eroselo	_			PERFORI	NO S
Heo		CERTIFICATION	20a ACCIDENT WAS	UNDERLYING		SCRIBE HOW INJURY	OCCURRED (Enter nature of injury in	Part I or Part	I of item 18.)			
ed ed .				☐ CAUSE OF DEATH MEDICAL EXAMINER)									
is contraction is a september of the sep		MEDICAL	20c TIME OF INJU	JRY Month, Day, Year		JURY OCCURRED		E OF INJURY (Hame, far		(City or town)	(County)		(State)
der Te D		불	Hour's r	10	While at warl	Not While] toda	ry, street, affice bidg , etc	}				
Affer this certificate has I be detached far use a State Dept. af Health pr		ľ	21. I certi	fy that (1) (this has	nital) attend	led the decease	d from A	ug. 8	1964, to	May 1	, 1967,	that (i)	(we) las
the			saw the di	eceased alwe an_	May T	1967	and that	death occurred a	12:05aM	fram causes	and on the	tate state	d obove
3 4 5			220 SIGNATURE	7 1 1.01	~ /	· · · · · · · · · · · · · · · · · · ·		ATTENDING	MED _	STAFF _	22b DATES	IGNEO	
DIKECTOK: ge 3 shavio led with the			no numero prace	Lewis			M.D	PHYS 5xcJ	DIRECTOR L	PHYS	1 0//	167	
pod ti	7		22c PHYSICIAN'S NAME (Type	Roberto d	0 1/47	lammonl	M D		00000	l. Mar	han Is		
NEK far,	1	225	BURIAL, CRÉMATIO	IN. 23b DATE TH	EDEOE V	23c NAME OF CE	HETERY OR C	DEMATORY		ATION (City or To	4	inhi!	(State) ,
D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be tiled with the State Dept. of Health prior to	3	230	REMOVAL (Specify		1917	M. J 1/2	4. 1	1 1/8	4	6. /	6 bresit	inty)	ml
2 5 7	A.	24.	FUNERAL DIRECTO	R	1/6/m	AUDRESS	1am	hapel (male	D BY REGISTRA	504 (R /25b RE	GISTRAR S SIGN	TURE	1/4:
A15 (4)	1		10. Xh	*kull + J	2-20	The Danie	Win.	Md. Sala	/	*	Marila		e.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death

Page 4 may be retained by the hospital or attending physician

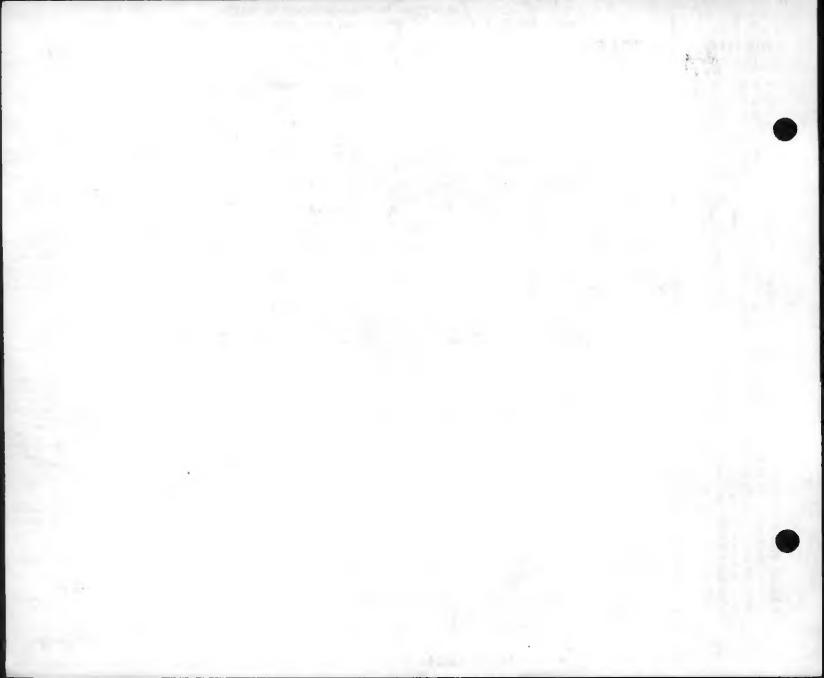


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

F	OF	3	T.	AT	E
HE,	AL	TH	1	DE	PI.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is	3 10	Poge	,	9	1
y del	ond ,	P.M.3.		ortine	Her d
5	1, 2,	Ε		Dep	Is al
th. II	des	1 for		ote	hou
dea	e Pa	Wil		he Si	77
fter	Giv	lang	-	=	喜
Urs o	n 18	Ce d	T	123	E
hou	Iten	Offi	11.	ODI	eve
in 24	u II	ner's		ages	any
withi	pend	Kami		ile po	ug ii.
ted	.⊑ :	ol E		iit. Fi	0, 0
Xeco	pding	Medi		pem	MOV
be e	per.	lief !		Snsit	or re
pluc	vord	he Ch		al-tro	ion,
e she	he v	to t		buri	maf
ficat	ing	ded		0 50	I, cre
certi	Writ	[WO]		pesi	burio
This	cote,	oe fo		pe -	0
2	ertifi	pla	S.	ould	prio
AINE	he co	sho	e file	3 sh	ent,
XAA	ite t	ge 4	You	Poge	go b
AL E	руес	r. Po	for	OR:	note
A	056	recto	ined	REC	lesig
YM	De.	ip lo	reto	0 7	its
PUT	SOLY	Uner	y be	VERA	h or
30 C	seces	he f	m o	F	160
T	_	-	AET3	70	1

VR A15ME (5)

	06480 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	06167
	PLACE OF DEATH O. COUNTY Calvert MARYLAND	USUAL RESIDENCE (Where decreased aved it institution: Reproduce of STATE b. COUNTY	1
-	C. LENGTH OF STAY IN 1b write funds on give neglect town?	c. CITY OR TOWN (II Addside corporate limits, write RURAL and a	9/
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d STREE ADDRESS Best sline	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Jucant Elaworth	Thompson 4. DATE Month of DEATH 5	30 1967
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B11/1906 Broggidoy) Months	Doys Hours Min.
dur	USA OKUKATION (Give kind of work done phanos of work in the control of BUSINESS OR INDUSTRY	Ballo Mid	CITIZEN OF WHAT COUNTRY?
13:	Humrod Thompson	14. SMOTHER'S MAIDEN NAME Rennie	
19. (Yo	WAS DECEASED EVER IN U.S. ARMED PORCES? IS, no, or unknown) Ill yes give wor or dates of service) 16. SOCIAL SECURITY NO.	MIN De Phoneps Address	
	1B. CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	a forhere	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove) Conditions, if ony, which gove) Conditions if ony, which gove)	1	
	rise to immediate cause (a), stating the underlying cause last.		
CATION	PART W. OTHER SIGNAL CANDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	ED. (Enter nature of hijury in Popul or Part II af item/18.)	alvert
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJURY OCCURRED While Not While of work	Pract of Injury (Home form 201. (City or town) (City of town) (City of town)	(Stote)
	21. I certify that I taak charge of the remains described above, death resulted framy. Natural causes TV Accident S		and in my opinion
	Actual	uicide, Homicide, Undetermined manner [CHIEF MEDICAL EXAMINER	
	SIGNATURE COUNTY	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22/ DATE SIGNED
	NAME (Type)	Address (Street, city, town, or county)	0/0/
230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CEDAR HILL		(County) (Stote)
24	BURTAL 6/2/67 CEDAR HILL FUNERAL DIRECTOR ROBERT E. WILHELM FUNERAL HOME 4308 SUITLAND ROAD, SUITLAND, MARYLAND	250. REGIL BILITERISTRAR 19876. REGISTARS	SIGNETURE Judge



CAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE		36481 / MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH
H DEPT	1	o. COUNTY Clover MARYLAND	2. USUAL RESIDENCE (Where deceded lived, if institution: Residence before addressed) o. STATE b. COUNTY
M3.		b. ATV OR TOWN (If outside torpargre limits, // c. LENGTH OF STAY IN 1b write RURAL and give nearest rown)	c CITY OR TOWN (If autside caparate limits, write RURAL and give nearest town) Rural-Prince Frederick
form P	59	ANAME OF ADSPITAL OR ASSETUTION Of not in haspital give street address)	d. STREET ADDRESS On A FARM? YES NO
Exominer's Office along with form File pages 1 and 2 with the State De and in any event with 172 hours)	3. NAME OF First Middle DECEASED (Type or print) / Errm a A	Lost 4. DATE Month 22 Day Year 7
e olong 2 with nt with			DATE OF BIRTH 9. AGE (In Years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. 12-31-1900 Haurs Min. Haurs Min
's Office s land 2 ny event		10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
ominer's (le pages 1 Id in any			14. MOTHER'S MAIDEN NAME
			Cheeren Hoody Prince Frederick Md.
forworded to the Chief Medical used os a burial-transit permit. burial, cremotian, or removal,		IB. CAUSE OF DEATH (Enter only one cause per integrar (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eccelent Interval Between ONSET AND DEATH
ed to the Chief a burial-transit cremotian, or re		Conditions, if any, which gave) DUE TO Appellerists	~ .
ded to os a bi		rise to immediate cause (a), stating the underlying cause last. DUE TO	
te forworde be used os to buriol,	2	PART II. OTHER SIGNATIVANT CONDITIONS CONTRIBUTING TO BEATT BUT NOT RELATED TO THE	E TERMINAL DISEASE CONDITION (IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (1)
ould b		CAUSE OF DEATH	not nature of inferry in fart I ar Part II af item 18.)
N - W		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e-714/5. While Not While of work of work of work 200 o	OF INJURY (Home, farm, 20f. (City or town) (County) (State)
irector. Page oined for your MECTOR: Po designated		21. T certify that I taak charge at the remains described above, held death resulted from: Natural causes . Accident . Suicident	an Autapsy, Inspection, Inquiry, and in my apinian e, Hamicide Undetermined manner
I director. retoined DIRECTOR Its design		ACTUAL HULLS	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Realth or its designated age	2	EXAMINER'S NAME (Type) Hugh W. Ward, M.D.	Address (Street, city, town, or county)
5 moy TO FUNE Realth	0		etery Barstow Colvert Md.
VR A15ME (5)	5	24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS	250. REC'D BY REGISTRAR 251GNATURE 250 DATE

